



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I declare that:

Prior Foreign Application(s)

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NOVEL HIV RELATED PEPTIDES, the specification of which was filed on 7 January 2000 as PCT International Application No. PCT/US00/00372, and which received U.S. Serial Number 09/869,003.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Country		Application No.	Da	ate of Filing		ority Claimed der 35 USC 119
					Yes	s No 🗆
					Yes	s No 🗌
hereby claim the	e benefit under Title 3	5, United States Code § 119	(e) of any	United States prov	isional application	on(s) listed below:
	Application No.	5, United States Code § 119	Filing I	Date		
	60/115,430		11 Janu	ary 1999		
,	60/132,760		6 May	1999		
natter of each of f Title 35, Unite	the claims of this appled States Code, Section	lication is not disclosed in the name on 112, I acknowledge the	ne prior Unduty to dis	ited States applicated sclose material info	tion in the mann ormation as defi	below and, insofar as the su er provided by the first para- ned in Title 37, Code of Fe CT international filing date of
Application No.		Date of Filing			Status	
				Patented	Pending	Abandoned
				Patented	Pending	Abandoned
				☐ Patented	Pending	Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) of the Government of the United States of America as represented by the Secretary of the Department of Health and Human Services, Office of Technology Transfer, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.



Robert Benson, Reg. No. 33,612 Steven M. Ferguson, Reg. No. 38,448 James C. Haight, Reg. No. 25,588 John P. Kim, Reg. No. 38,514_

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2-00	Full Name of Inventor 2	Last Name Chen	First Name Xueni	Middle Name or Initial	
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3~0	Full Name of Inventor 3	Last Name Cohen	First Name Oren	Middle Name or Initial J.	
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400	Full Name of Inventor 4	Last Name Fauci	First Name Anthony	Middle Name or Initial S.	
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, Section 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
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Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
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	Signature of Inventor 4
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Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date

Signature of Inventor 4
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